Chapter 5

Forward Support Medical Company

ORGANIZATION AND MISSIONS

5-1. The forward support medical company (FSMC) has the overall mission of providing Echelon I and Echelon II CHS on a direct support (DS) basis for the supported maneuver brigade. It provides C2 for organic elements and attached medical units. The FSMC is dependent on appropriate elements of the corps, division, brigade, and FSB for patient evacuation (including air ambulance), CHS operations planning and guidance, and for legal, finance, and personnel and administrative services. It is also dependent on the HDC of the FSB for food service and religious support and the brigade support company for maintenance. The FSMC is organized into a company headquarters, a treatment platoon, an ambulance platoon, a preventive medicine (PVNTMED) section and a mental health (MH) section (see Figure 5-1). For more detailed information on the operations and functions of the medical company see FM 4-02.1 (8-10-1) (The Medical Company Tactics, Techniques, and Procedures). The company performs these functions:

- Treatment of patients with disease and non-battle injuries (DNBI), battle fatigue, and trauma injuries. It provides routine sick call, triage of mass casualties, advanced trauma management (ATM), surgical resuscitation/stabilization (when the forward surgical team (FST) from the corps is deployed/collocated with the FSMC), and preparation of patients incapable of returning to duty for further evacuation.
- Ground ambulance evacuation for patients from battalion aid stations (BASs) and designated patient collecting points.
- Emergency and sustaining dental care.
- Class VIII resupply and medical equipment maintenance for supported units.
- Medical laboratory and radiology services commensurate with Echelon II/division-level treatment (TRMT).
- Outpatient consultation services for patients referred from unit-level medical treatment facilities.
- Patient holding for up to 40 patients able to return to duty (RTD) within 72 hours.
- Limited reinforcement and augmentation to supported maneuver battalion medical platoons.
- Coordination with the UMT for required religious support.
- Preventive medicine consultation and support.
- Combat stress control to include management of battle fatigue and stress related casualties.

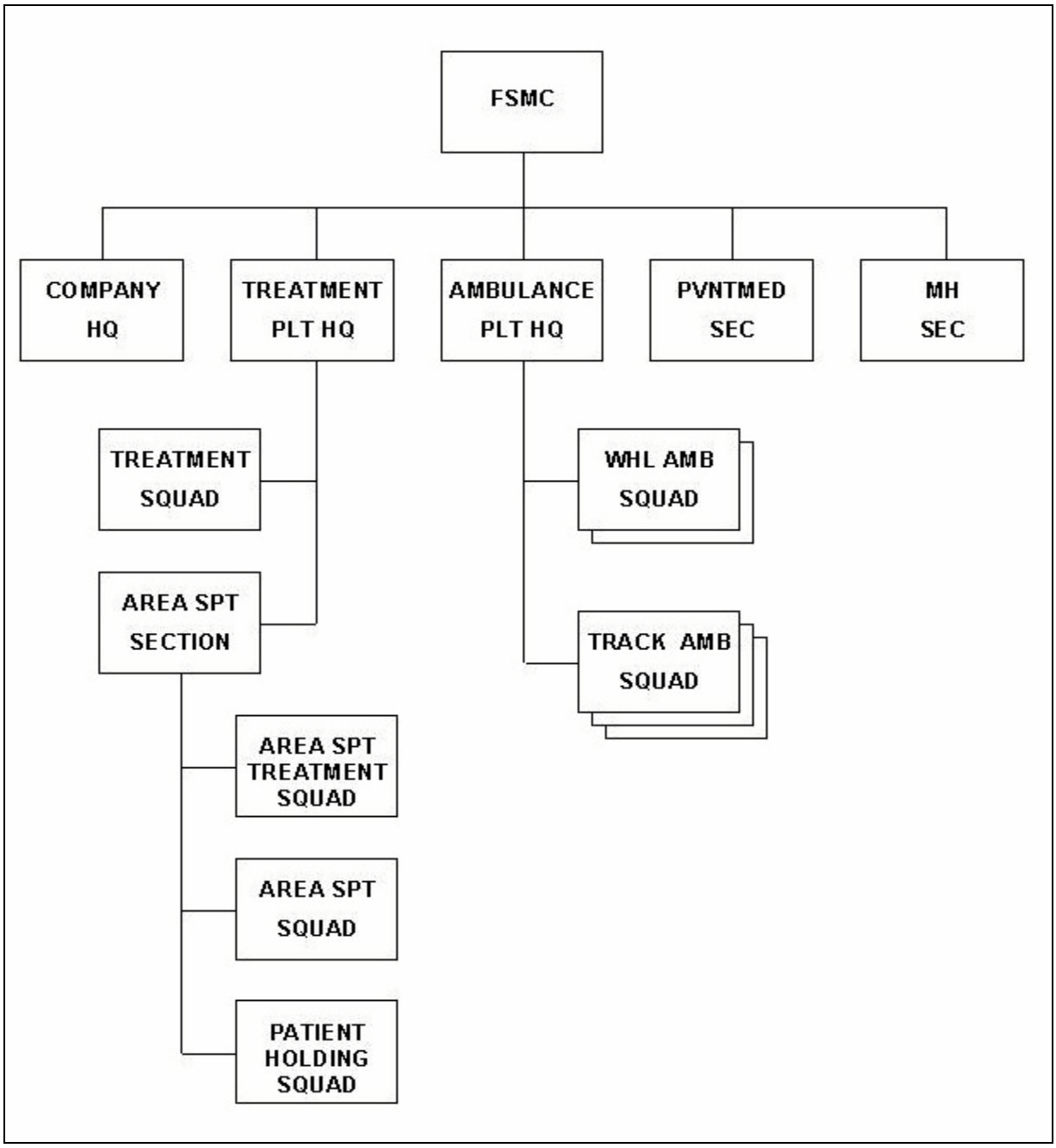

Figure 5-1. Forward Support Medical Company

PLATOON/SECTION FUNCTIONS

COMPANY HEADQUARTERS

5-2. The company headquarters is organized into a command element, a supply element, and an operations and communications element. The company headquarters provides C2 for the company and other medical units/elements that may be attached. It also provides general and medical supply (MEDSUP)/resupply, arms maintenance, NBC operations, and CE support to organic and attached elements. For communications, the company headquarters employs AM and FM tactical radios, units level computers, FBCB2, and a manual switchboard.

COMMAND ELEMENT

5-3. The command element is responsible for providing billeting, security, training, administration, and discipline for assigned personnel. This element provides C2 of its assigned and attached personnel. It is typically staffed with a company commander, a field medical assistant, and a first sergeant (1SG).

FSMC Company Commander

5-4. Currently, the FSMC commander positions are documented 05A, AMEDD immaterial, meaning any qualified AMEDD officer can assume command. When the FSMC commander in not a physician, medical decisions and technical supervision of any physician assigned to the FSMC is performed by the senior physician assigned to the FSMC. The FSMC commander keeps the FSB commander informed on the CHS aspects of FSB operations and the health of the command. He regularly attends FSB staff meetings to obtain information to facilitate the execution of medical operations. He provides staff estimates and assists the health service support officer (HSSO) and the brigade surgeon's section (BSS) medical planner as required, with the development of the FSB and brigade CHS plan. Specific duties of the FSMC commander include:

- Ensuring implementation of the CHS section of the TSOP.
- Coordinating and synchronizing the execution of the brigade's CHS plan while ensuring efficient and effective utilization of medical assets.
- Supervising the technical training of medical personnel and combat lifesavers in the FSB and supported units as required.
- Determining procedures, techniques, and limitations in the conduct of routine medical care, emergency medical treatment (EMT), and ATM.
- Monitoring requests for medical evacuation from supported units to ensure appropriate platform is used.

- Informing the FSB SPT OPNS/HSSO, DISCOM medical operations branch, and BSS of the FSMC's tactical and medical situation.
- Supervising the activities of subordinate physicians.
- Providing technical supervision of all PAs and medical section NCOs organic to supported units in the absence of their assigned physician.
- Monitoring the health of the command and advising the commander of preventive medicine measures (PMM) to counter DNBI.
- Providing the CHS information to the HSSO for use in developing the CHS estimates.

Field Medical Assistant/XO

5-5. The field medical assistant/XO is the company's second in command and its primary internal CSS/medical planner and coordinator. He and the company headquarters personnel serve as the company's battle staff and operate the company CP and net control station (NCS) for both radio and digital traffic. The field medical assistant/XO's other duties include the following:

- Continuous battle tracking.
- Ensure accurate, timely tactical reports are sent to the FSB TOC.
- Assume command of the company as required.
- In conjunction with the 1SG, plan and supervise the company CSS and defense effort before, during, and after the battle.
- Conduct tactical and logistical coordination with higher, adjacent, and supported units.
- As required, assist the commander in issuing orders to the company, headquarters, and attachments.
- Conduct additional missions as required. These may include serving as OIC for the quartering party, company movement officer, or company training officer.
- Assist the commander in preparations for follow-on missions.

First Sergeant

5-6. The 1SG is the company's senior NCO and normally is its most experienced soldier. He is the commander's primary medical and tactical advisor and he is an expert in individual and NCO skills. He is the company's primary internal CSS operator and helps the commander to plan, coordinate, and supervise all logistical activities that support the company's mission. He operates where the commander directs or where his duties require him. The 1SG's specific duties include the following:

- Execute and supervise routine operations. The 1SG's duties may include enforcing the tactical SOP; planning and

coordinating training; coordinating and reporting personnel and administrative actions; and supervising supply, maintenance, communications, and field hygiene operations.

- Supervise, inspect, and/or observe all matters designated by the commander. For example, the 1SG may observe and report on the company's base, proof fighting positions, or designing and ensuring emplacement of the defensive perimeter.
- As necessary, serves as quartering party NCOIC.
- Using FBCB2 transmit company rollup reports LOGSITREP and PERSITREP. Transmit call for support (CFS) for immediate resupply for Class III/IV/V or recovery missions using FBCB2 (as required).
- Provide order, receipt, and issue capability for Classes I, II, III(P), IV, V, VI through supply STAMIS (either ULLS-S4 or GCSS-A).
- Conduct training and ensures proficiency in individual and NCO skills and small-unit collective skills that support the company's mission essential task list (METL).
- Receive incoming personnel and assigns them to subordinate elements as needed.
- Responsible for the evacuation of unit members killed in action to the supporting graves registration collection point.
- In conjunction with the commander, establish and maintain the foundation for company discipline.

SUPPLY ELEMENTS

5-7. The supply elements include general and medical supply. These two elements provide Class VIII resupply, medical equipment repair, general supply and armorer support for the FSMC's organic platoons/sections and attached medical units. See FM 4-02.12 (8-10-9) for definitive information of Class VIII resupply operations and FM 10-14 and FM 10-14-1 for definitive information on unit supply operations and property accountability.

Medical Equipment Maintenance

5-8. The medical equipment repairer provides operational and unit-level medical equipment maintenance for the FSMC and the brigade. He exercises his responsibilities by:

- Scheduling and performing PMCS for the FSMC and all maneuver battalion medical platoons assigned to the supported brigade.
- Performing electrical safety inspections and tests.
- Accomplishing calibration, verification, and certification services.

- Performing unscheduled maintenance functions with emphasis upon the replacement of assemblies, modules, and printed circuit boards.
- Operating a medical equipment repair parts program, to include Class VIII as well as other commodity class parts required to repair medical equipment.
- Maintaining a technical library of operator and maintenance TMs and/or associated manufacturers' manuals.
- Conducting inspections for new or transferred equipment.
- Maintaining documentation of maintenance functions according to the provisions of Technical Bulletin (TB) 38-750-2 or DA standard automated system.
- Collecting and reporting data for readiness reportable medical equipment in accordance with AR 700-138.
- Requesting through MMMB for maintenance support services, repairable exchange, or replacement from the medical standby equipment program (MEDSTEP), see AR 40-61.

5-9. Mandatory parts lists (MPLs) and prescribed load lists (PLLs) need to be monitored routinely. An MPL to support medical equipment is published annually in the SB 8-75 Series. Most medical equipment repair parts can be requisitioned through the Class VIII system, however, some repair parts are needed to repair medical equipment that fall in the category of Class IX repair parts (that is, common fasteners, electrical components, and others). Requisitions for Class IX repair parts are sent through the organization's supporting motor pool and require stringent monitoring and follow-up efforts. Special considerations for medical repair parts are explained in AR 40-61.

Supply Sergeant

5-10. The supply sergeant requests, receives, issues, stores, maintains, and turns in supplies and equipment for the company. He coordinates all supply requirements and actions with the 1SG and the support operations officer. The supply sergeant's specific responsibilities include the following:

- Control the company cargo truck and resupplies the water trailer, and supervise the supply clerk/armorer.
- Monitor company team activities and/or the tactical situation; anticipate and report logistical requirements; and coordinate and monitor the status of the company's logistics requests.
- Coordinate and supervise the issue or delivery of supplies to the HDC, FSB sections.

EMPLOYMENT OF THE FORWARD SUPPORT MEDICAL COMPANY

5-11. The FSMC locates with the FSB HDC in the BSA. The FSMC participates in the initial reconnaissance of a new setup area and assists with site selection for establishment of the FSMC.

Treatment teams from the FSMC may deploy, as required, to geographical locations of supported maneuver medical platoons or collocate with an ambulance exchange point (AXP) or any other METT-TC supported locations. The FSMC headquarters element coordinates for convoy clearances and security for the movement of treatment teams through the FSB support operations section.

5-12. Site selection is an important factor impacting on the accomplishment of the FSMC's missions. Improper site selection can result in inefficiency and possible danger to unit personnel and patients. For example, if there is insufficient space available for ambulances to turnaround, congestion and traffic jams around the medical treatment facility (MTF) can result; or, if the area selected does not have proper drainage, heavy rains may cause flooding in the unit and treatment areas. The MTFs established by the FSMCs should not be placed near high-value Level 1 threat targets, hazardous materiel (such as POL and ammunition), or storage areas and motor pools. The selected site is not located near potential areas of filth such as a garbage dump, landfill, or other waste disposal site. The site is at least 1.5 kilometers from breeding sites of flies and mosquitoes and 1.5 kilometers from native habitation, when possible.

5-13. The site should provide good drainage during inclement weather. Care must be taken to ensure that the site selected is not in or near a dry river or stream bed, has drainage that slopes away from the MTF location and not through the operational area, and that there are not any areas where water can pool. The ground, in the selected area, should be of a hard composition that is not likely to become marshy or excessively muddy during inclement weather or temperature changes. This is particularly true in extreme cold weather operations where the ground is frozen at night and begins to thaw and become marshy during daylight hours. Further, the area must be able to withstand a heavy traffic flow of incoming and departing ambulances in various types of weather.

5-14. The area selected should be free of major obstacles that will adversely impact on the unit layout (such as disrupting the traffic pattern), cause difficulties in erecting shelters (overly rocky soil), or require extensive preparation of the area before the MTF can be established. The optimal land space required for establishment of the FSMC is approximately 500 meters by 500 meters, equaling 2,500 square meters, or .5 kilometers by .5 kilometers. These 2,500 square meters includes the helipad and motor pool parking requirements. The actual space allotted to the FSMC will be based on METT-TC and the amount of space available to the FSB. The space to establish the treatment and administrative areas of the unit is dependent upon the mission and expected duration of the operation and whether NBC operations are anticipated. The site should provide adequate space for establishment of all unit elements including possible augmentation. It must be adequate in size to accommodate dispersion of unit assets according to the

TSOP. While considering all factors of site selection, remember that terrain can impede line of sight communications systems.

5-15. Outside of the BSA perimeter, sites that are large enough to provide an area for patient decontamination should be identified. The specific site selected to establish the decontamination station must be downwind of the unit and treatment areas (see FM 4-02.7 (8-10-7)). For definitive information on site selection criterias pertaining to hardstand, drainage, obstacles, and space see FM 4-02.20 (8-10-1). The Geneva Conventions afford the medical unit a certain degree of protection from attack. The extent to which the combatants and irregular forces on the battlefield are adhering to the provisions of the Geneva conventions has a bearing on site selection in that it may dictate the degree of required security for the unit. The NATO STANAG 2931 (Edition 1) provides for camouflage of the Geneva emblem and Red Crescent on medical facilities where the lack of camouflage might compromise tactical operations. The STANAG defines “medical facilities” as medical units, medical vehicles, and medical aircraft on the ground. Medical aircraft in the air must display the distinctive Geneva emblem. Camouflage of the Red Cross means covering it up or taking it down. The black cross on an olive background is not a recognized emblem of the Geneva Conventions.

Commander’s Plan And Mission

5-16. The specifics of the OPLAN, the manner in which it will be executed, and the assigned mission can affect the selection of a site. The requirements for an area that is only to be used for a short period of time can differ significantly from an area that is expected to be used on an extended basis. For example, if the FSMC’s mission requires that it relocate several times a day, complete treatment and holding areas will not be established; only essential services, shelters, and equipment will be used. On the other hand, if it is anticipated that the unit will be located at one site for an extended period of time, buildings or pre-established shelters, if available, may be used.

Routes Of Evacuation And Accessibility

5-17. Although air ambulance is the primary and preferred method in the medical evacuation system, ground ambulances are required and used. The FSMC's clearing station must be situated so that it is accessible from a number of different directions and/or areas. It should be situated near and be accessible to main road networks, but not placed near lucrative targets of opportunity. The site should not be so secluded that incoming ambulances have difficulties in locating the MTF. Whether or not a route has been cleared or is being used by combat units should also be considered. Brigade designated MSRs should be identified and used in site selection planning.

Expected Areas Of Patient Density

5-18. To ensure the timely delivery of CHS, the FSMC's clearing station must be located in the general vicinity proximate to the supported units. Without proximity to the areas of patient density, the evacuation routes will be unnecessarily long resulting in delays in both treatment and evacuation. The longer the distance that must be traveled, the longer it takes for the patient to reach the next echelon of care. Further, this time delay reduces the number of ambulances available for medical evacuation support.

Establishment Of The Company Headquarters

5-19. The company headquarters must ensure that communication is established with the units within the FSB and BSA. All security precautions and requirements must be met according to FSB and BSA operating procedures. Only essential equipment is set up to support the medical company operations. If the failure to camouflage endangers or compromises tactical operations, the camouflage of the MTF may be ordered by a NATO commander of at least brigade level or equivalent. Dispersion of tents and equipment is accomplished to the maximum extent possible. A controlled entry into the FSMC area is established.

5-20. The command element supervises the establishment of the company. The commander monitors all elements as the company sets up. He ensures the FSMC is established according to the unit layout and the TSOP. The field medical assistant/XO and the 1SG assist the company commander. The field medical assistant/XO supervises and monitors the establishment of the company area for compliance with FSB TSOP and brigade guidance. The field medical assistant/XO coordinates with supporting units/elements for short- and long-term support requirements. Both the commander and field medical assistant/XO should synchronize CHS with supported units as soon as possible. This interface includes:

- Combat health support requirements (displacement of ambulance and treatment teams to remote sites in support of units within the company’s AO.)
- Sick call operations.
- Medical evacuation support and procedures.
- Dental sick call.
- Mass casualty plan.
- Nuclear, biological, and chemical patient decontamination support.
- Preventive medicine.
- Combat stress control (CSC).
- Medical threat.
- Return-to-duty policies/procedures.

- Class VIII resupply.
- Area damage control.

5-21. The MC4 system will provide the commander and staff with enhanced command and control of subordinate platoons and the capability to collect and process medical information resulting from treatment encounters. Medical planners will be provided with near real-time medical situational awareness to enhance their ability to plan CHS operations in support of the maneuver battalion.

5-22. When NBC patient decontamination support is required, the supported units are responsible for providing non-medical personnel to perform patient decontamination (under medical supervision). This is accomplished according to FMs 3-11.5 (3-5), FM 4-02.7 (8-10-7), and FM 4-02.285 (8-285). The non-medical personnel are identified and trained on patient decontamination procedures with medical company personnel. Additional personnel from the BSA base cluster may be trained to transport patients by litter. All Echelon II medical companies are authorized three chemical patient treatment and two patient decontamination medical equipment sets (MESs). Each chemical patient treatment MES is stocked with enough supplies to treat 30 patients. Each patient decontaminate MES is stocked with enough supplies to decontaminate 60 patients.

5-23. The 1SG focuses his attention toward ensuring all unit security requirements are accomplished. The 1SG supervises the establishment of the company headquarters and the troop billeting areas. He monitors field sanitation team activities. The operations element assists in establishing the company headquarters. The NBC NCO supervises the company NBC team by monitoring its activities and use of unit NBC-monitoring equipment. He coordinates with other FSB units and monitors the placement of early warning devices for the detection of chemical agents. He supervises and monitors unit personnel for compliance with correct wear of MOPP clothing and equipment according to the current MOPP level and TSOP. The NBC NCO coordinates with PVNTMED section in cases of possible NBC contamination of food.

5-24. Unit personnel set up communications equipment and establish the net control station (NCS) for the company. They establish contact with the battalion headquarters and with supporting and supported units. Unit personnel also establish the internal wire communications net. They connect to the MSE area system at the wire subscriber access point operated by the area support signal element.

5-25. The supply element establishes both the unit and medical supply area. They ensure all supplies are secured, properly stored, and protected from the environment. They establish the unit POL and water points. The supply element supports the company during establishment and provides additional items such as

sandbags, tent pegs, and other standard equipment normally associated with establishing the company.

TREATMENT PLATOON

5-26. The treatment platoon operates the FSMC's clearing station. It receives, triages, treats, and determines the disposition of patients based upon their medical condition. This platoon provides professional services in the areas of minor surgery, internal medicine, general medicine, and general dentistry. In addition, it provides basic diagnostic laboratory and radiological services and patient holding support. The treatment platoon is composed of a platoon headquarters and those elements identified in Figure 5-1. It is further broken down into a treatment squad and an area support section. The area support section consists of an area support treatment squad, an area support squad, and a patient holding squad.

Platoon Headquarters

5-27. The treatment platoon headquarters element directs, coordinates, and supervises platoon operations based on the brigade's CHS plan. The headquarters element directs the activities of the FSMC's clearing station and monitors Class VIII supplies, blood usage and inventory levels, and keeps the commander informed. The headquarters element is responsible for the management of platoon operations, operations security (OPSEC), communications, administration, organizational training, supply, transportation, patient accountability, and statistical reporting functions, and coordination for patient evacuation. The treatment platoon headquarters is responsible for:

- Supervising the treatment platoon support activities.
- Coordinating the movement of treatment teams that are in support of maneuver battalion BASs.
- Accomplishing the logistics functions for the platoon.
- Working with and assisting the FST with the care and management of surgical patients.

Treatment Squad

5-28. The treatment squad provides emergency and routine sick call treatment to soldiers assigned to supported units. This squad can perform its functions while located in the company area, or can operate independently of the FSMC for limited periods of time. The squad has the capability to split and operate as separate treatment teams (teams A and B) for limited periods of time. While operating in these separate modes, they may operate two separate treatment stations. It can be assigned to reinforce or reconstitute battle losses.

Area Support Section

5-29. The area support section of the treatment platoon is composed of an area treatment squad, an area support squad, and a patient-holding squad. These squads form the FSMC clearing station (Echelon II MTF). The area support treatment squad provides trauma care and routine sick call care to personnel assigned to units located in the BSA and on an area support basis. The area support squad provides emergency dental services, limited laboratory and radiological services, and blood support commensurate with Echelon II treatment facilities. The patient-holding squad provides up to 40 cots for patients requiring minimal treatment. Patients held in the patient-holding cots are those who are expected to be RTD within 72 hours from the time they are held for treatment. Elements of this section are not used to reinforce or reconstitute other medical units. Also, they are not normally used on the area damage control team.

Area Support Squad

5-30. The area support squad includes the dental and diagnostic support elements of the clearing station. The diagnostic element is composed of a medical laboratory and has field x-ray capability. It provides for basic services commensurate with Echelon II medical treatment. The area support squad is typically staffed with a dental officer, a dental specialist, a medical laboratory sergeant and specialist, and an x-ray sergeant and specialist. The dental officer supervises the activities of the area support squad.

Dental Element

5-31. The dental element provides emergency dental care (to include treatment of minor maxillofacial injuries), general dental care (designed to prevent or intercept potential dental emergencies), sustaining (routine) dentistry, consultation services, and dental x-ray services.

Medical Laboratory Element

5-32. The medical laboratory element performs clinical laboratory and blood banking procedures to aid physicians and PAs in the diagnosis, treatment, and prevention of diseases. Laboratory functions include performing elementary laboratory procedures consistent with the Echelon II laboratory medical equipment set (MES). See FM 4-02.2 (08-10-1) for additional information. This element is responsible for:

- Storing and issuing blood (liquid red blood cells).
- Performing hematocrit procedures.
- Performing/estimating total white blood cell count and differential white blood count procedures.

- Performing urinalysis (macroscopic and microscopic) and occult blood procedures.
- Conducting Gram's stain of clinical specimen procedures.
- Collecting and processing clinical specimens for shipment.
- Performing platelet estimates.
- Performing thick and thin smears for malaria.
- Maintaining the blood inventory status.

X-Ray Element

5-33. The x-ray element operates radiological equipment consistent with the Echelon II x-ray MES. This element performs routine clinical x-ray procedures to aid physicians and PAs in the diagnosis and treatment of patients. Specific functions performed by this element include:

- Interpreting physicians' orders, applying radiation and electrical protective measures, operating and maintaining fixed and portable x-ray equipment, and taking x-rays of the extremities, chest, trunk, and skull.
- Performing manual and automatic radiographic film processing (darkroom) procedures.
- Assembling x-ray film files for patients remaining within the corps, or arranging for such film to accompany those patients who are evacuated to corps hospitals.
- Assisting the NBC NCO with radiological monitoring, surveying, and documentation procedures.

Area Support Treatment Squad

5-34. The area support treatment squad is the base medical treatment element of a clearing station. It provides sick call services and initial resuscitative treatment (ATM and EMT) for supported units. For communications, the squad employs FM radios and is deployed in the FSMC's radio and wires communications nets.

Patient-Holding Squad

5-35. The patient-holding squad operates the holding ward of the brigade clearing station. The holding ward is staffed and equipped to provide care for up to 40 patients. Normally, only those patients awaiting evacuation or those requiring treatment of minor illness or injuries are placed in the patient-holding area. Neuropsychiatric patients and battle fatigue (BF)/stress related casualties who are expected to be RTD within 72 hours may also be placed in the patient-holding area. The patient-holding squad works under the direct supervision of a physician or PA. The medical-surgical nurse assigned to the patient holding squad provides nursing care supervision. Since Echelon II facilities such as the FSMC do not have an admission capability, patients may only be held at this

facility and are not counted as hospital admissions. If recovery (RTD) is not expected within 72 hours, the patients are sent to a corps hospital for admission.

Employment Of The Treatment Platoon

5-36. The treatment platoon establishes its elements using the FSMC layout plan. Platoon personnel set up patient treatment and holding areas. Some platoon personnel are detailed, as necessary, to assist with unit security and other unit activities associated with establishing and conducting company operations. Treatment section personnel assist the platoon with establishing the clearing section and preparing for further deployment of treatment teams according to the brigade CHS OPORDs/OPLANs. The platoon headquarters element supervises the establishing of platoon operations. The platoon leader directs setup operations and supervises the displacement of treatment squads/teams, when necessary. The field medical assistant assists the platoon leader in supervising establishment operations and coordinates the displacement of treatment squads/teams with company headquarters and supported units. He ensures all platoon elements perform preventive maintenance checks and services (PMCS) on their assigned equipment and reports any deficiencies that are not correctable to the platoon leader, who reports them to the company commander. The treatment platoon sergeant is responsible for assisting the platoon leader and field medical assistant with establishing platoon operations. He supports the 1SG by providing platoon personnel to assist with security, establishment, and other operational activities of the company headquarters.

5-37. The area support section establishes all treatment areas as directed by the treatment platoon leader. A treatment team from the treatment section is tasked with providing medical support for the company until the clearing station is established. The area support section is also tasked with clearing and marking helicopter landing areas and the ambulance turnaround point. The area treatment squad establishes and operates the clearing station. Attached corps medical units normally establish in the vicinity of the clearing station. The clearing station maintains its integrity at all times. For suggested layout for the clearing station, see FM 4-02.20 (8-10-1) and FM 4-02.24 (8-10-24).

5-38. The dental treatment facility is established adjacent to the clearing station. The dental officer supervises the placement of dental supplies and equipment within the dental treatment area.

5-39. The laboratory and X-ray element are normally established within the clearing station area. Precautions for operating radiological equipment must be observed. Radiation hazard areas

adjacent to the x-ray facility must be clearly marked and blocked so company personnel are prevented from crossing.

5-40. The patient-holding squad sets up the patient-holding area. The patient-holding area is normally adjacent to the clearing station. The treatment platoon leader based on the commander's guidance, troop concentration, and casualty estimates determines the number of cots to set up. If the commander directs that only 20 cots are to be set up, this may dictate that only one general-purpose large tent is erected. In the vicinity near a patient-holding area, a water point (lister bag or collapsible fabric drums), a latrine, and a hand wash area should be established for the convenience of those patients being held at this facility a minimum of 100 feet away.

5-41. Field surgeons direct the activities of the two treatment squads. They identify the treatment team tasked with providing medical support for the FSMC during movement and establishment operations. Personnel assigned to this section are involved in assisting with establishment of the medical platoon area and/or preparing for further deployment when require.

AMBULANCE PLATOON

5-42. The ambulance platoon performs ground evacuation and en route patient care for supported units. The ambulance platoon consists of a platoon headquarters, five ambulance squads (or ten ambulance teams), one high-mobility multipurpose-wheeled vehicle (HMMWV) is used as a C2 vehicle, four M997 HMMWV wheeled ambulances, and six M113 track ambulances.

Ambulance Platoon Headquarters

5-43. The ambulance platoon headquarters element provides C2 for ambulance platoon operations. It maintains communications to direct ground ambulance evacuation of patients. It provides ground ambulance evacuation support for the maneuver battalions of the supported maneuver brigade and to units operating in the brigade area of operations. The ground ambulance evacuation provided is either from BASs of maneuver battalions or from FSMC treatment squad/teams locations back to the FSMC located in the BSA. Further evacuation to corps hospitals is the responsibility of the medical evacuation battalion’s ground or air ambulances. Personnel assigned to the ambulance platoon headquarters include the platoon leader and platoon sergeant. The ambulance platoon headquarters element directs and coordinates ground evacuation of patients. This element supervises the platoon and plans for its employment. It establishes and maintains contact with supported units and treatment squad/teams of the FSMC. The ambulance headquarters element performs route reconnaissance and develops and issues graphic overlays to all ambulance teams. It also coordinates and establishes ambulance exchange points (AXPs) for both air and ground ambulances, as required.

Ambulance Squads

5-44. The ambulance squads provide ground evacuation of patients from forward areas back to the FSMC/division clearing station. The ambulance squads consist of five emergency care NCOs and fifteen aid/drivers. Ambulance squad personnel perform EMT, evacuate patients, and provide for their continued care en route. They also operate and maintain assigned radios. Ambulance squad personnel provide the EMT that is necessary to prepare patients for movement and also provide en route care. They operate vehicles to evacuate the sick and wounded and perform PMCS on ambulances and associated equipment. Ambulance squad personnel maintain supply levels for the ambulance MESs. They ensure that appropriate property exchange of medical items (such as litters and blankets) is made at sending and receiving MTFs (Army only).

Employment of the Ambulance Platoon

5-45. The FSMC ambulance platoon locates with the treatment platoon for mutual support. The ambulance platoon is mobile because all of its assets may be totally dispatched at any given time. Each ambulance team carries an on-board MES designed for medical emergencies and en route patient care. Ambulances either deploy forward to support maneuver battalions' BASs or with treatment squads/teams of the FSMCs or to AXPs. The ambulance platoon leader and platoon sergeant conduct reconnaissance of the area of support to establish primary and alternate evacuations routes, to verify locations of supported units, and to field site ambulance teams as necessary. The platoon leader and platoon sergeant coordinate support requirements with supported units for ambulance platoons placed in DS. Ambulance platoon personnel obtain appropriate dispatch and road clearances prior to departing company or supported unit areas. The platoon leader ensures maps and overlays are provided to platoon personnel. If time and fuel permit, the platoon leader or platoon sergeant may take ambulance drivers on a rehearsal of the evacuation routes. The platoon leader/sergeant coordinates/establishes AXPs as required by the medical evacuation mission. Track ambulances are usually positioned forward with the BASs of the maneuver battalions. Track ambulances normally evacuate patients from the BASs back to AXPs where patients are placed in a wheeled or air ambulance for further medical evacuation back to the FSMC. Wheeled ambulances are used for area support missions and for medical evacuation mission where patients do not require the added protection that an armored ambulance provides. Ambulance platoon personnel assist with establishment of the FSMCs and

provide available personnel as tasked by the 1SG. For definitive information on medical evacuation operations, see FM 4-02.6 (8-10-6).

PREVENTIVE MEDICINE SECTION

5-46. The PVNTMED section assists the commander with ensuring PVNTMED measures (PMM) are implemented to protect brigade personnel against food, water, vector-borne diseases, as well as environmental injuries (for example, heat and cold injuries). This section is responsible for the BSA and units in forward areas. Its missions are monitored according to the division and brigade CHS plans and coordinated as appropriate by the by the brigade surgeon's section. The PVNTMED section provides advice and consultation in the areas of environmental sanitation, epidemiology, and entomology, as well as limited sanitary engineering services and pest management. Taskings for this section will be provided by the BSS through the FSB HSSO or from the DISCOM medical operations branch through the FSB HSSO. Additional information pertaining to PVNTMED staff and specific functions is discussed in FM 4-02 (8-10).

Employment of the Preventive Medicine Section

5-47. Preventive medicine activities begin prior to deployment to minimize disease, non-battle injury (DNBIs). Actions taken include:

- Ensuring command awareness of potential medical threats and implementation of appropriate protective measures.
- Ensuring the deployment of a healthy and fit force.
- Monitoring the command’s immunization status (see AR 40-562).
- Monitoring potable water supplies.
- Monitoring the status of individual and small unit PMM (see FMs 21-10 and 21-10-1).
- Monitoring heat and cold injuries and food, water, and arthropodborne diseases (see FMs 4-02.33 (8-33) and FM 4-02.250 (8-250), TM 5-632, TB Meds 81, 507, 530, and 577).
- Ensuring training in PVNTMED that will assist in countering the medical threat.
- Monitoring the use of prophylaxis such as anti-malarial tablets.
- Ensuring adequate unit field sanitation supplies.

5-48. Lessons learned from past conflicts have shown that more soldiers have been rendered non-effective from DNBIs than from injuries received as a direct result of combat. Often the victor in battle has been the force with the healthiest and fittest troops. Consequently, PVNTMED operations are characterized by

presumptive actions, increased soldier and commander involvement, and awareness with priority to combat units. To accomplish this, the FSMC PVNTMED section will focus its support to specific areas of troop concentrations within the brigade AO.

5-49. The brigade surgeon, the FSMC commander, and the environmental science officers must be proactive and initiate action on presumptive information to reduce the medical threat early. Based on medical threat information provided through the DISCOM or the BSS from the PVNTMED officer of the DSS, the PVNTMED section must be proactive. They cannot wait until the incapacitation of troops occurs before taking action, for example:

- If mosquito borne-diseases are endemic to troop assembly areas, and known or suspected vectors are present, the section initiates control measures.
- Inadequate sanitation practices must be corrected before the first case of enteric disease appears.
- Site surveys are conducted prior to the establishment of bivouac locations to ensure they meet environmental and health standards, when possible.

It should be anticipated:

- That sanitation breakdowns will occur while troops are still in debarkation assembly areas.
- That soldiers are at risk for arthropod transmitted diseases upon entry to the AO.

5-50. Lack of or delay in implementing preemptive actions can significantly impact on the deployment forces' ability to accomplish its assigned mission. Refer to FM 4-02.51 8-51), 4-02.250 (8-250), FM 21-10, and FM 21-10-1 for additional information.

5-51. The PVNTMED section sets up near the FSMC CP. Pre-deployment activities are concluded or integrated into the PVNTMED support operations. Preventive medicine support operations are prioritized based on the mission, medical threat, assessment of data collected (through monitoring, inspecting, and reporting observations), taskings from the DSS PVNTMED officer, or requests for PVMTMED support. Preventive medicine section operations and activities may include:

- Assisting the FSMC commander and staff to prepare the CHS estimates by identifying the medical threat.
- Assisting the FSMC commander in determining disease prevalence in the AO.
- Assisting the FSMC commander and DSS PVNTMED officer in assessing the health status of unit soldiers.
- Conducting surveillance of supported units to ensure implementation of PMM at all levels, to identify actual or

potential medical threats and to recommend corrective action as required.

- Assisting supported units by providing training in PMM against heat and cold injuries and occupational hazards, as well as food, water, and arthropodborne diseases.
- Monitoring field food service operations to prevent food-borne diseases and illnesses.
- Monitoring the command immunization program.
- Monitoring the health-related aspects of water and ice production, distribution, and consumption.
- Monitoring disease and injury incidence to optimize early recognition of disease trends and initiation of preemptive disease suppression measures.
- Conducting epidemiological investigations of disease outbreaks and recommending PMM to minimize effects.
- Monitoring the level of resupply of disease prevention and related supplies and equipment, including water disinfectants, insect repellents, and pesticides, for the supported AO.
- Conducting limited entomological investigations and control measures.
- Monitoring the animal bite program to prevent the transmission of rabies to soldiers.
- Monitoring environmental and meteorological conditions to assess their health-related impact on supported unit operations and recommending PMM to minimize heat and cold injuries, as well as selected arthropodborne diseases.
- Assessing the effectiveness of field sanitation teams.

5-52. Supported units can request PVNTMED support through command channels or request support from the BSS or the FSB support operations section. If requests are received by the FSMCs, the FSB headquarters is notified of the requests. The HSSO and BSS coordinate missions for either requested or preemptive actions. To avoid health and environmental problems historically encountered by deploying troops; it is imperative that PVNTMED assets be deployed in advance of the main body/forces.

MENTAL HEALTH SECTION

5-53. The FSMC MH section consists of a behavioral science officer and a MH specialist. The MH specialist assists the behavioral science officer with the accomplishment of his duties. The behavioral science officer participates in staff planning to represent and coordinate MH/CSC activities throughout the AO. The behavioral science officer and MH specialist are especially concerned with assisting and training small unit leaders, which include:

- Company commander and platoon leaders.

- Unit ministry teams and staff chaplains.
- Battalion medical platoons.
- Patient-holding squad and treatment squad personnel of the FSMC.

Employment of the Mental Health Section

5-54. The FSMC MH section provides training and advice in the control of stressors, the promotion of positive combat stress behaviors, and the identification, handling, and management of misconduct stress behavior and battle fatigue (BF) soldiers. It coordinates combat stress control (CSC) training for supported units through the FSMC commander and battalion psychiatrist, as required. The section collects and records social and psychological data and counsels personnel with personal, behavioral, or psychological problems. General duties for personnel assigned to this section include:

- Assisting in a wide range of psychological and social services.
- Providing classes in stress control.
- Compiling caseload data.
- Providing counseling to soldiers with emotional or social problems.
- Referring soldiers to specific hospital neuropsychiatric (NP) services or CSC unit facilities, physicians, or agencies when indicated.
- Conducting or facilitating group debriefings, counseling, and therapy sessions, and leading group discussions.
- Providing individual case consultation to commanders, NCOs, chaplains, battalion surgeons, and PAs within the supported AO.
- Collecting information from units regarding unit cohesion and morale, which include:
  - Obtaining data on disciplinary actions.
  - Collecting information with questionnaires.
  - Conducting structured interviews.
  - Collecting information on individual BF cases pertaining to the prior effectiveness of the soldier, precipitating factors causing the soldier to have BF, and the soldier's RTD potential.

5-55. The company MH section uses the FSMC clearing station as the center for its operations, but is mobile throughout the AO. The section's priority functions are to promote positive stress behaviors, prevent unnecessary evacuations, and coordinate RTD, not to treat cases. Through the treatment and ambulance platoon leaders and company commander, the section keeps abreast of the tactical

situation and plans and projects requirements for CSC support when units are pulled back for rest and recuperation. For definitive information on CSC operations see FM 4-02.51 (8-51) and FM 22-51.